

WIHS ID #

B4. How many cigarettes, on the average, do you smoke each day?

|_|_|_|
NUMBER

PACKS1
CIGARETTES2

PROMPT: IF PARTICIPANT CURRENTLY SMOKES, REFER TO A SMOKING CESSATION PROGRAM.

B7. Since your (MONTH) study visit, did you drink beer, wine, hard liquor or any other alcoholic beverages?

YES1
NO2 (GO TO B13a)

Now I'm going to ask you about the alcoholic beverages you drank since your (MONTH) study visit. Please answer in terms of the beverages you usually drink, not counting what you drank over holidays or other rare celebrations.

B8. **SKIP TO QUESTION B9 IF EVEN-NUMBERED VISIT.**

Does your use of alcohol affect how you take your HIV medications?

YES1
NO2 (GO TO B9)
PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (GO TO B9)

a. How does your use of alcohol affect how you take your HIV medications? Please say "yes" for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....1	1	2
ii. I forget to take my medications altogether1	1	2
iii. I don't take my medications at the right time1	1	2
iv. I only take some of my medications1	1	2
v. I don't take my medications with enough water.....1	1	2
vi. I don't take my medications with enough food1	1	2

B9. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE USUALLY DRINKS BEER.**

Since your (MONTH) study visit, how often did you usually drink beer?

A few times/year, less than once/month1	3 times/week7
Once/month.....2	4 times/week8
2 times/month3	5 times/week9
3 times/month4	6 times/week10
Once/week5	Every day.....11
2 times/week6	Never0 (GO TO B10)

a. What type of beer do you usually drink? **(CIRCLE ONLY ONE)**

- Regular beer1
- Light beer2
- Non-alcoholic beer3
- Malt liquor.....4
- Regular beer and malt liquor fairly equally5

b. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE* BEER SHE USUALLY DRINKS (GLASS, BOTTLE OR CAN). ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.**

What size drink of beer do you usually drink? |_|_|

c. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE *NUMBER OF BEERS* SHE USUALLY DRINKS.**

On a day when you drink beer, about how many beers do you usually drink in one day? **(CIRCLE ONE)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

B10. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN* SHE USUALLY DRINKS WINE.**

Since your (MONTH) study visit, how often did you usually drink wine?

- | | |
|---|---------------------------------|
| A few times/year, less than once/month1 | 3 times/week7 |
| Once/month2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 (GO TO B11) |

a. What type of wine do you usually drink? **(CIRCLE ONLY ONE)**

- White wine1
- Red wine2
- Port or other fortified wine.....3
- Wine coolers4
- Red and white wine5

b. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE* WINE SHE USUALLY DRINKS (GLASS OR BOTTLE). ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.**

What size drink of wine do you usually drink? |_|_|

c. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE *NUMBER OF GLASSES OR BOTTLES* OF WINE SHE USUALLY DRINKS.**

On a day when you drink wine, about how many glasses or bottles of wine do you usually drink in one day? **(CIRCLE ONE)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

- d. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE AND THE NUMBER OF GLASSES/BOTTLES OF WINE THAT SHE NORMALLY DRINKS IN ONE WEEK. SHE CAN USE A DIFFERENT SIZE THAN THAT USED ABOVE IF SHE WISHES. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE SHE NORMALLY DRINKS.**

About how much wine do you normally drink in a week?

- i. SIZE: |_|_|
- ii. NUMBER: |_|_|

- B11. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE USUALLY DRINKS COCKTAILS OR HARD LIQUOR.**

Since your (MONTH) study visit, how often did you usually drink cocktails or hard liquor?
(PROBE: For example, straight or mixed drinks of gin, whiskey, rum, vodka, tequila, etc.)

A few times/year, less than once/month1	3 times/week7
Once/month2	4 times/week8
2 times/month3	5 times/week9
3 times/month4	6 times/week10
Once/week5	Every day11
2 times/week6	Never0 (GO TO B12)

- a. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE OF COCKTAIL OR AMOUNT OF HARD LIQUOR SHE USUALLY DRINKS (GLASS, BOTTLE, ETC.). ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.**

What size drink of liquor do you usually drink? |_|_|

- b. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE NUMBER OF COCKTAILS OR GLASSES/BOTTLES OF HARD LIQUOR SHE USUALLY DRINKS.**

On a day when you drink hard liquor, about how many glasses or bottles do you usually drink in one day? **(CIRCLE ONE)**

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

- c. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE AND THE NUMBER OF COCKTAILS OR GLASSES/BOTTLES OF HARD LIQUOR THAT SHE NORMALLY DRINKS IN ONE WEEK. SHE CAN USE A DIFFERENT SIZE THAN THAT USED ABOVE IF SHE WISHES. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE SHE NORMALLY DRINKS.**

About how many cocktails or how much hard liquor do you normally drink in a week?

- i. SIZE: |_|_|
- ii. NUMBER: |_|_|

B12. Since your (MONTH) study visit, did you drink any **other** kind of alcoholic drinks?

- YES1
 NO2 (GO TO B13)

a. SPECIFY KIND: _____

b. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN SHE USUALLY DRINKS* [KIND SPECIFIED ABOVE].**

How often do you usually drink [KIND SPECIFIED ABOVE]?

- | | | | |
|---|---|--------------------|---------------|
| A few times/year, less than once/month | 1 | 3 times/week | 7 |
| Once/month..... | 2 | 4 times/week | 8 |
| 2 times/month | 3 | 5 times/week | 9 |
| 3 times/month | 4 | 6 times/week | 10 |
| Once/week | 5 | Every day..... | 11 |
| 2 times/week | 6 | Never | 0 (GO TO B13) |

c. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE DRINK OF [KIND SPECIFIED ABOVE] SHE USUALLY DRINKS. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.***

What size glass or bottle of [KIND SPECIFIED ABOVE] do you usually drink? |_|_|_|

d. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE *NUMBER OF GLASSES/BOTTLES OF [KIND SPECIFIED ABOVE] SHE USUALLY DRINKS.***

On a day when you drink [KIND SPECIFIED ABOVE], about how many glasses or bottles do you normally drink? (CIRCLE ONE)

- 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

B13. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN SHE DRINKS FOUR OR MORE DRINKS AT ONE SITTING.***

Since your (MONTH) study visit, how often did you drink four or more drinks at one sitting when you were drinking?

- | | | | |
|--|---|--------------------|----|
| A few times/year, less than once/month | 1 | 3 times/week | 7 |
| Once/month..... | 2 | 4 times/week | 8 |
| 2 times/month | 3 | 5 times/week | 9 |
| 3 times/month | 4 | 6 times/week | 10 |
| Once/week | 5 | Every day..... | 11 |
| 2 times/week | 6 | Never | 0 |

B13a. DID PARTICIPANT ANSWER QUESTIONS B14-B22 AT A PRIOR VISIT?

- YES1 (GO TO B23)
 NO2

B14. Was there ever a period of time when you drank more than you have since your (MONTH) study visit?

- YES1
 NO2 (GO TO B23)

B15. HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN SHE USUALLY DRANK BEER.*

During that time, how often did you usually drink beer?

- | | |
|---|---------------------------------|
| A few times/year, less than once/month1 | 3 times/week7 |
| Once/month.....2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 (GO TO B16) |

a. What type of beer did you usually drink? **(CIRCLE ONLY ONE)**

- Regular beer1
- Light beer2
- Non-alcoholic beer3
- Malt liquor.....4
- Regular beer and malt liquor fairly equally5

b. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE BEER SHE USUALLY DRANK (GLASS, BOTTLE, CAN).* ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.**

What size drink of beer did you usually drink? |_|_|_|

c. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE *NUMBER OF BEERS SHE USUALLY DRANK.***

On a day when you drank beer, about how many beers did you usually drink in one day?
(CIRCLE ONE)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

B16. HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN SHE USUALLY DRANK WINE.*

During the time when you drank more than you do now, how often did you usually drink wine?

- | | |
|---|---------------------------------|
| A few times/year, less than once/month1 | 3 times/week7 |
| Once/month.....2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 (GO TO B17) |

a. What type of wine did you usually drink? **(CIRCLE ONLY ONE)**

- White wine1
- Red wine2
- Port or other fortified wine.....3
- Wine coolers4
- Red and white wine.....5

- b. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE* WINE SHE USUALLY DRANK (GLASS OR BOTTLE). ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.**

What size drink of wine did you usually drink? |_|_|

- c. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE *NUMBER OF GLASSES/BOTTLES OF WINE SHE USUALLY DRANK.***

On a day when you drank wine, about how many glasses or bottles of wine did you usually drink in one day? (**CIRCLE ONE**)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

- d. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE AND NUMBER OF GLASSES/BOTTLES OF WINE THAT SHE NORMALLY DRANK IN ONE WEEK. SHE CAN USE A DIFFERENT SIZE THAN THAT USED ABOVE IF SHE WISHES. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE SHE NORMALLY DRANK.***

About how much wine did you normally drink in a week?

i. SIZE: |_|_|

ii. NUMBER: |_|_|

- B17. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN SHE DRANK COCKTAILS OR HARD LIQUOR.***

During the time when you drank more than you do now, how often did you usually drink cocktails or other mixed drinks with hard liquor? (**PROBE:** For example, straight or mixed drinks of gin, whiskey, rum, vodka, tequila, etc.)

A few times/year, less than once/month1	3 times/week7
Once/month.....2	4 times/week8
2 times/month3	5 times/week9
3 times/month4	6 times/week10
Once/week5	Every day11
2 times/week6	Never0 (GO TO B18)

- a. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE *SIZE COCKTAIL OR GLASS/BOTTLE OF HARD LIQUOR SHE USUALLY DRANK. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.***

What size drink of liquor did you usually drink? |_|_|

- b. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE *NUMBER OF COCKTAILS OR GLASSES/BOTTLES OF HARD LIQUOR SHE USUALLY DRANK.***

On a day when you drank hard liquor, about how many glasses or bottles did you usually drink in one day? (**CIRCLE ONE**)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

- c. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE AND NUMBER OF COCKTAILS OR GLASSES/BOTTLES OF HARD LIQUOR THAT SHE NORMALLY DRANK IN ONE WEEK. SHE CAN USE A DIFFERENT SIZE THAN THAT USED ABOVE IF SHE WISHES. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE SHE NORMALLY DRANK.**

About how many cocktails or how much hard liquor did you normally drink in a week?

i. SIZE:

ii. NUMBER:

B18. During the time when you drank more than you do now, did you drink any **other** kind of alcoholic drinks?

YES1
 NO2 (GO TO B19)

a. SPECIFY KIND: _____

- b. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE DRINKS [KIND SPECIFIED ABOVE].**

How often did you usually drink [KIND SPECIFIED ABOVE]?

A few times/year, less than once/month..... 1	3 times/week 7
Once/month 2	4 times/week 8
2 times/month 3	5 times/week 9
3 times/month 4	6 times/week 10
Once/week 5	Every day 11
2 times/week 6	Never 0 (GO TO B19)

- c. **HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE DRINK OF [KIND SPECIFIED ABOVE] SHE USUALLY DRANK. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED.**

What size glass or bottle of [KIND SPECIFIED ABOVE] did you usually drink?

- d. **HAND PARTICIPANT RESPONSE CARD 9C. ASK HER TO SELECT THE NUMBER OF GLASSES/BOTTLES OF [KIND SPECIFIED ABOVE] SHE USUALLY DRANK.**

On a day when you drank [KIND SPECIFIED ABOVE], about how many glasses or bottles did you normally drink? (CIRCLE ONE)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25+

B19. About how old were you when you started drinking at this higher level?
YEARS

B20. About how old were you when you cut back or stopped drinking at this higher level?
YEARS

WIHS ID #

[Empty box for WIHS ID #]

B21. That would mean that you drank this higher amount for about _____ years, does that sound about right?

[][]
YEARS

PROMPT: IF NOT, START AT QUESTION B19 AGAIN AND TRY TO DETERMINE THE CORRECT AMOUNT OF YEARS.

B22. **HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE *HOW OFTEN SHE DRANK FOUR OR MORE DRINKS AT ONE SITTING.***

During the time when you drank more than you do now, how often did you drink four or more drinks at one sitting when you were drinking?

- | | | | |
|--|---|--------------------|----|
| A few times/year, less than once/month | 1 | 3 times/week | 7 |
| Once/month..... | 2 | 4 times/week | 8 |
| 2 times/month | 3 | 5 times/week | 9 |
| 3 times/month | 4 | 6 times/week | 10 |
| Once/week | 5 | Every day..... | 11 |
| 2 times/week | 6 | Never | 0 |

B23. DOES PARTICIPANT CURRENTLY DRINK ALCOHOL (I.E., HAS SHE HAD ANY ALCOHOL TO DRINK SINCE HER LAST STUDY VISIT)?

- YES1
- NO2 **(GO TO SECTION C)**

B24. Do you think that you should cut down on how much you drink now?

- YES **1**
- NO2

B25. Has a health care provider suggested that you cut down on or stop drinking?

- YES **1**
- NO2

B26. Would you be interested in a program to help you reduce your level of drinking?

- YES **1**
- NO2

FOR ALL SHADED BOX RESPONSES, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR

SECTION C: DRUG USE

INTRODUCTION:

Now I will ask you a few questions about drug use. Your answers are strictly confidential. State laws regarding notification of partners of HIV+ individuals do not apply to research studies.

C0. Since your (MONTH) study visit, have you used any illicit or recreational drugs? This could include marijuana, cocaine, crack, heroin, amphetamines or methamphetamine, hallucinogens, club drugs, or methadone or narcotics when they were not prescribed to you by a doctor.

YES 1
 NO 2 (C17, page 23)

C1. Since your (MONTH) study visit, **have you used marijuana or hash?**

YES 1
 NO 2 (C2)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used marijuana or hash since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. Of the marijuana or hash that you consumed, did you use it:	YES	NO	c. Of the times you used marijuana or hash, how often did you use it for this reason?
i. To relax or reduce stress?	1	2 (ii)	All of the time 1 More than half of the time 2 Half of the time 3 Less than half of the time 4 Rarely 5
ii. To better appreciate a social situation?	1	2 (iii)	All of the time 1 More than half of the time 2 Half of the time 3 Less than half of the time 4 Rarely 5
iii. To reduce HIV-related symptoms, such as nausea?	1	2 (iv)	All of the time 1 More than half of the time 2 Half of the time 3 Less than half of the time 4 Rarely 5
iv. To increase appetite because of weight loss?	1	2 (v)	All of the time 1 More than half of the time 2 Half of the time 3 Less than half of the time 4 Rarely 5

WIHS ID #

b. Of the marijuana or hash that you consumed, did you use it:	YES	NO	c. Of the times you used marijuana or hash, how often did you use it for this reason?
v. To relieve symptoms related to eye disease, such as glaucoma?	1	2 (vi)	All of the time 1 More than half of the time 2 Half of the time 3 Less than half of the time 4 Rarely 5
vi. For any other reason? SPECIFY: _____	1	2 (d)	All of the time 1 More than half of the time 2 Half of the time 3 Less than half of the time 4 Rarely 5

d. **SKIP TO QUESTION C2 IF EVEN-NUMBERED VISIT.**

Does your use of marijuana or hash affect how you take your HIV medications?

- YES 1
 NO 2 (C2)
 PARTICIPANT DOES NOT TAKE HIV MEDS 3 (C2)

e. How does your use of marijuana or hash usually affect how you take your HIV medications?
Please say "yes" for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications..... | 1 | 2 |
| ii. I forget to take my medications altogether | 1 | 2 |
| iii. I don't take my medications at the right time | 1 | 2 |
| iv. I only take some of my medications | 1 | 2 |
| v. I don't take my medications with enough water..... | 1 | 2 |
| vi. I don't take my medications with enough food | 1 | 2 |

C2. Since your (MONTH) study visit, **have you smoked crack?**

- YES 1
 NO 2 (C3)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you smoked crack since your (MONTH) study visit?

- Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. **SKIP TO QUESTION C3 IF EVEN-NUMBERED VISIT.**

Does smoking crack affect how you take your HIV medications?

- YES1
- NO2 (C3)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C3)

c. How does smoking crack usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | | <u>YES</u> | <u>NO</u> |
|------|--|------------|-----------|
| i. | I am more likely to take my medications.....1 | 1 | 2 |
| ii. | I forget to take my medications altogether1 | 1 | 2 |
| iii. | I don’t take my medications at the right time1 | 1 | 2 |
| iv. | I only take some of my medications1 | 1 | 2 |
| v. | I don’t take my medications with enough water.....1 | 1 | 2 |
| vi. | I don’t take my medications with enough food1 | 1 | 2 |

C3. Since your (MONTH) study visit, **have you injected crack by itself?**

- YES 1
- NO 2 (C4)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected crack since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C4 IF EVEN-NUMBERED VISIT.**

Does injecting crack affect how you take your HIV medications?

- YES1
- NO2 (C4)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C4)

c. How does injecting crack usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....	1	2
ii.	I forget to take my medications altogether	1	2
iii.	I don’t take my medications at the right time	1	2
iv.	I only take some of my medications	1	2
v.	I don’t take my medications with enough water.....	1	2
vi.	I don’t take my medications with enough food	1	2

C4. Since your (MONTH) study visit, **have you sniffed or snorted cocaine?**

YES	1
NO	2 (C5)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or snorted cocaine since your (MONTH) study visit?

Less than once a month	1
At least once a month, but less than once a week	2
Once a week	3
2 – 3 times a week	4
4 – 6 times a week	5
Once a day	6
More than once a day	7

b. **SKIP TO QUESTION C5 IF EVEN-NUMBERED VISIT.**

Does sniffing or snorting cocaine affect how you take your HIV medications?

YES	1
NO	2 (C5)
PARTICIPANT DOES NOT TAKE HIV MEDS.....	3 (C5)

c. How does sniffing or snorting cocaine usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....	1	2
ii.	I forget to take my medications altogether	1	2
iii.	I don’t take my medications at the right time	1	2
iv.	I only take some of my medications	1	2
v.	I don’t take my medications with enough water.....	1	2
vi.	I don’t take my medications with enough food	1	2

C5. Since your (MONTH) study visit, **have you injected cocaine by itself?**

YES	1
NO	2 (C6)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected cocaine since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C6 IF EVEN-NUMBERED VISIT.**

Does injecting cocaine affect how you take your HIV medications?

- YES1
- NO2 (C6)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C6)

c. How does injecting cocaine usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don’t take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don’t take my medications with enough water.....1	1	2
vi.	I don’t take my medications with enough food1	1	2

C6. Since your (MONTH) study visit, **have you sniffed or snorted heroin?**

- YES 1
- NO 2 (C7)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or snorted heroin since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C7 IF EVEN-NUMBERED VISIT.**

Does sniffing or snorting heroin affect how you take your HIV medications?

- YES1
- NO2 (C7)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C7)

c. How does sniffing or snorting heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1 | 1 | 2 |
| ii. I forget to take my medications altogether1 | 1 | 2 |
| iii. I don’t take my medications at the right time1 | 1 | 2 |
| iv. I only take some of my medications1 | 1 | 2 |
| v. I don’t take my medications with enough water.....1 | 1 | 2 |
| vi. I don’t take my medications with enough food1 | 1 | 2 |

C7. Since your (MONTH) study visit, **have you smoked heroin?**

- YES 1
- NO 2 (C8)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you smoked heroin since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C8 IF EVEN-NUMBERED VISIT.**

Does smoking heroin affect how you take your HIV medications?

- YES1
- NO2 (C8)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C8)

c. How does smoking heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don’t take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don’t take my medications with enough water.....1	1	2
vi.	I don’t take my medications with enough food1	1	2

C8. Since your (MONTH) study visit, **have you injected heroin by itself?**

YES	1
NO	2 (C9)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected heroin since your (MONTH) study visit?

Less than once a month	1
At least once a month, but less than once a week	2
Once a week	3
2 – 3 times a week	4
4 – 6 times a week	5
Once a day	6
More than once a day	7

b. **SKIP TO QUESTION C9 IF EVEN-NUMBERED VISIT.**

Does injecting heroin affect how you take your HIV medications?

YES	1
NO	2 (C9)
PARTICIPANT DOES NOT TAKE HIV MEDS.....	3 (C9)

c. How does injecting heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don’t take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don’t take my medications with enough water.....1	1	2
vi.	I don’t take my medications with enough food1	1	2

C9. Since your (MONTH) study visit, **have you injected heroin and cocaine together** (speedball)?

YES	1
NO	2 (C10)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected heroin and cocaine together (speedball) since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C10 IF EVEN-NUMBERED VISIT.**

Does injecting heroin and cocaine together affect how you take your HIV medications?

- YES1
- NO2 (C10)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C10)

c. How does injecting cocaine and heroin together usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1 | 1 | 2 |
| ii. I forget to take my medications altogether1 | 1 | 2 |
| iii. I don’t take my medications at the right time1 | 1 | 2 |
| iv. I only take some of my medications1 | 1 | 2 |
| v. I don’t take my medications with enough water.....1 | 1 | 2 |
| vi. I don’t take my medications with enough food1 | 1 | 2 |

C10. Since your (MONTH) study visit, **have you sniffed or smoked methamphetamine** (crank, crystal, tina)?

- YES 1
- NO 2 (C11)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or smoked methamphetamine since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C11 IF EVEN-NUMBERED VISIT.**

Does sniffing or smoking methamphetamine affect how you take your HIV medications?

- YES1
- NO2 (C11)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C11)

c. How does sniffing or smoking methamphetamine usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1 | 1 | 2 |
| ii. I forget to take my medications altogether1 | 1 | 2 |
| iii. I don’t take my medications at the right time1 | 1 | 2 |
| iv. I only take some of my medications1 | 1 | 2 |
| v. I don’t take my medications with enough water.....1 | 1 | 2 |
| vi. I don’t take my medications with enough food1 | 1 | 2 |

C11. Since your (MONTH) study visit, **have you injected methamphetamine** (crank, crystal, tina) **by itself?**

- YES 1
- NO 2 (C12)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected methamphetamine since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C12 IF EVEN-NUMBERED VISIT.**

Does injecting methamphetamine affect how you take your HIV medications?

- YES1
- NO2 (C12)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C12)

c. How does injecting methamphetamine usually affect how you take your HIV medications?
Please say "yes" for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don't take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don't take my medications with enough water.....1	1	2
vi.	I don't take my medications with enough food1	1	2

C12. Since your (MONTH) study visit, **have you used methadone when it was not prescribed to you by a doctor?**

YES 1
NO 2 (C13)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used methadone when it was not prescribed to you by a doctor since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C13 IF EVEN-NUMBERED VISIT.**

Does your use of methadone when it was not prescribed to you by a doctor affect how you take your HIV medications?

YES1
NO2 (d)
PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C13)

c. How does your use of methadone when it wasn't prescribed to you by a doctor usually affect how you take your HIV medications? Please say "yes" for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don't take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don't take my medications with enough water.....1	1	2
vi.	I don't take my medications with enough food1	1	2

d. Does your use of HIV medications affect how you take methadone?

YES 1
 NO 2 (C13)

e. How does your use of HIV medications usually affect how you take methadone? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I need to take more methadone.....	1	2
ii. I need to take less methadone	1	2

C13. Since your (MONTH) study visit, **have you used amphetamines** (speed, uppers)?

YES 1
 NO 2 (C14)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used amphetamines since your (MONTH) study visit?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 – 3 times a week4
 4 – 6 times a week5
 Once a day6
 More than once a day7

b. **SKIP TO QUESTION C14 IF EVEN-NUMBERED VISIT.**

Does your use of amphetamines affect how you take your HIV medications?

YES1
 NO2 (C14)
 PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C14)

c. How does your use of amphetamines usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether	1	2
iii. I don’t take my medications at the right time	1	2
iv. I only take some of my medications	1	2
v. I don’t take my medications with enough water.....	1	2
vi. I don’t take my medications with enough food	1	2

C14. Since your (MONTH) study visit, **have you used hallucinogens** (such as LSD, PCP, mushrooms, peyote)?

YES 1
 NO 2 (C15)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used hallucinogens since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C15 IF EVEN-NUMBERED VISIT.**

Does your use of hallucinogens affect how you take your HIV medications?

- YES1
- NO2 (C15)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C15)

c. How does your use of hallucinogens usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don’t take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don’t take my medications with enough water.....1	1	2
vi.	I don’t take my medications with enough food1	1	2

C15. Since your (MONTH) study visit, **have you used any club drugs, such as ecstasy, ketamine or GHB?**

- YES 1
- NO 2 (C16)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used club drugs since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C16 IF EVEN-NUMBERED VISIT.**

Does your use of club drugs affect how you take your HIV medications?

- YES1
- NO2 (C16)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C16)

c. How does your use of club drugs usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don’t take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don’t take my medications with enough water.....1	1	2
vi.	I don’t take my medications with enough food1	1	2

C16. Since your (MONTH) study visit, **have you used any other narcotic drugs**, such as morphine, codeine, oxycodone or Demerol, **that have not been prescribed by your doctor?**

YES 1
 NO 2 (C17)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used narcotic drugs that have not been prescribed by your doctor since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. **SKIP TO QUESTION C17 IF EVEN-NUMBERED VISIT.**

Does your use of narcotic drugs that have not been prescribed by your doctor affect how you take your HIV medications?

YES1
 NO2 (C17)
 PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C17)

c. How does your use of narcotic drugs that have not been prescribed by your doctor usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don’t take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don’t take my medications with enough water.....1	1	2
vi.	I don’t take my medications with enough food1	1	2

C17. Since your (MONTH) study visit, **have you used any tranquilizers**, such as sleeping pills, barbiturates or valium, **whether or not they were prescribed to you?**

YES 1
NO 2 (C18)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used tranquilizers since your (MONTH) study visit?

Less than once a month1
At least once a month, but less than once a week2
Once a week3
2 – 3 times a week4
4 – 6 times a week5
Once a day6
More than once a day7

b. **SKIP TO QUESTION C18 IF EVEN-NUMBERED VISIT.**

Does your use of tranquilizers affect how you take your HIV medications?

YES1
NO2 (C18)
PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C18)

c. How does your use of tranquilizers usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether	1	2
iii. I don't take my medications at the right time	1	2
iv. I only take some of my medications.....	1	2
v. I don't take my medications with enough water.....	1	2
vi. I don't take my medications with enough food	1	2

C18. **INTERVIEWER, BASED ON RESPONSES TO QUESTIONS C3 (crack), C5 (cocaine), C8 (heroin), C9 (speedball) and C11 (methamphetamines), HAS PARTICIPANT INJECTED DRUGS SINCE HER (MONTH) STUDY VISIT?**

YES 1
NO 2 (GO TO C28b)

C19. Since your (MONTH) study visit, what is the total number of times that you injected drugs of *any* kind? |_|_|_|_| # TIMES

(**PROBE:** In a 6-month timeframe, for example, Once a day equals 180 times; once a week equals 25 times; and once a month equals 6 times.)

a. Were any of these times in a shooting gallery?

YES 1
NO 2

C20. Over the past **month**, what is the total number of times that you injected drugs of **any** kind? |_|_|_|_| # TIMES

(PROBE: In a 1-month timeframe, for example: Once a day equals 30 times; once a week equals 4 times.)

C21. Now let’s talk about reuse of injection equipment since your (MONTH) study visit. Since your (MONTH) study visit, how often have you used a needle or syringe that you are **absolutely sure** nobody else had used before you?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely 5
- Never..... 6

C22. Since your (MONTH) study visit, how often did you use a cooker or cotton that you are **absolutely sure** nobody else had used before you?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely 5
- Never..... 6

C23. Since your (MONTH) study visit, how often did you use rinse water that you are **absolutely sure** nobody else had used before you?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely 5
- Never..... 6

C24. So far we’ve talked about you using equipment **after** someone else; now I’d like to ask you about using equipment **before** someone else. We will be asking about times you lent, rented or sold your equipment to someone else. Since your (MONTH) study visit, how often did someone else use a needle or syringe **after you had used it?**

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely 5
- Never..... 6

C25. Since your (MONTH) study visit, how often did someone else use a cooker or cotton **after you had used it?**

- All of the time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5
- Never.....6

C26. Since your (MONTH) study visit, how often did someone else use rinse water **after you had used it?**

- All of the time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5
- Never.....6

PROMPT: FOR ALL SHADED RESPONSES IN SECTION C, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR.

C27. Since your (MONTH) study visit, how often did you use bleach to clean your works? By works I mean needles, syringes, and/or a cooker.

- All of the time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5
- Never.....6

C28. Since your (MONTH) study visit, have you participated in a needle exchange program?

- YES 1
- NO 2 (**GO TO C28b**)

a. Of the times you obtained needles, how often did you get them from a needle exchange?

- All of the time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5

C28b. DID PARTICIPANT ANSWER QUESTIONS C29-C30 AT A PRIOR VISIT?

- YES 1 (**GO TO SECTION D**)
- NO 2

WIHS ID #

C29. Now I am going to ask you some personal questions that may be related to things you have already talked about with others here, but I need to ask them again to make certain we have the correct information. Did you ever, even once, use heroin, cocaine, speed, or any other street drug by shooting up with a needle or by skin popping?

YES 1
NO 2 (SECTION D)

a. How old were you when you first injected drugs? _____ YEARS
(PROBE: If you cannot remember exactly, please estimate as best you can.)

b. When you injected street drugs, on average, how often did you use them?

- Less than once a month 1
- At least once a month, but less than once a week..... 2
- Once a week..... 3
- 2-3 times a week 4
- 4-6 times a week 5
- Once a day 6
- More than once a day 7

C30. Have you ever shared a needle or works with anyone? By works I mean needles, syringes, and/or a cooker.

YES 1
NO 2 (SECTION D)

PROMPT: FOR ALL SHADED RESPONSES IN SECTION C, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR.

a. How old were you when you first shared a needle or works? _____ YEARS
(PROBE: If you cannot remember exactly, please estimate as best you can.)

b. How often did you use a needle or syringe after someone else had used it?

- Rarely 1
- Less than half of the time 2
- Half of the time 3
- More than half of the time 4
- All of the time 5

c. Were any of these times in a shooting gallery?

YES 1
NO 2

SECTION D: MALE PARTNERS

INTRODUCTION TO SEXUAL BEHAVIOR QUESTIONS: I am now going to ask you some questions about different types of sexual behavior, including sex with men and/or women, prostitution, and sex for money or drugs or shelter. I understand that these questions can sometimes be embarrassing or difficult to answer, but please remember that no one is judging you on your answers. Let me remind you that any answers you give me will have no effect on the care you receive, and all of your answers are personal and confidential, meaning that your name is not associated with your answers. Do you have any questions before we go on?

D1. This first set of questions pertains only to the men you may have had sex with since your (MONTH) study visit. In this case, “sex” should include vaginal sex, both types of oral sex, and anal sex. How many males have you had sex with since your (MONTH) study visit? **(CODE AS “000” IF NONE)**

# MALES			

PROMPT: IF RESPONSE AT D1 = “000” OR IF PARTICIPANT DECLINES, SKIP TO SECTION E.

Now I'd like to know a little more detail about your sex activity since your last (MONTH) study visit. By “sex” I mean vaginal sex, oral sex, and anal sex. I would like you to think about all of the people that you have had sex with since your last (MONTH) study visit. Some of these questions may seem repetitive or like the answers are obvious, but please bear with me. I need to ask each of the questions as they are written here.

	YES	NO	ALWAYS	SOMETIMES	NEVER
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina)?.....	1	2 (D6a)			
b. During this time, how often did you or your partner(s) wear a rubber or condom when you had vaginal sex?			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth)?	1	2 (D7a)			
b. During this time, how often did your partner(s) wear a rubber or condom when you performed oral sex?			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass)?.....	1	2 (D9a)			
b. During this time, how often did your partner(s) wear a rubber or condom when you had anal sex?.....			1	2	3

WIHS ID #

[Empty box for WIHS ID #]

	ALL of my partners	SOME of my partners	NONE of my partners
D9a. Do you know the HIV serostatus of your partner(s)? This means whether he is HIV positive or negative?.....	1	2	3 (D10)
b. Was (were any of) your partner(s) HIV positive?.....	1	2	3
D10. Does (Do) your partner(s) know your HIV serostatus?	1	2	3

FOR ALL SHADED BOX RESPONSES, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR

SECTION E: FEMALE PARTNERS

E1. I am now going to ask you about sex you may have had with females. In this case "sex" should include vaginal sex, oral sex, or anal sex. How many females have you had sex with since your (MONTH) study visit? (CODE "000" IF NONE)

|_|_|_|_|
FEMALES

SECTION F: RECENT SEXUAL ENCOUNTERS

PROMPT: IF RESPONSES AT D1= "000" AND E1="000", SKIP TO F3.

F1. Since your (MONTH) study visit, have you had sex for drugs or money or shelter?

YES **1**
 NO 2 (F3)

a. Was it for drugs?

YES 1
 NO 2 (F3)

b. How many times?

|_|_|_|_|
#TIMES

F3. TIME MODULE ENDED: |_|_| : |_|_| AM..... 1
 PM 2

FOR ALL SHADED BOX RESPONSES, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR.